

Department of Veterans Affairs Telemedicine Provider Satisfaction Survey Data Bank

Instructions:

This item bank contains a selection of questions to be used when evaluating provider perceptions of telemedicine encounters. Items are categorized as appropriate to general system/equipment for all modalities; videoconferencing; store-and-forward applications; and home care. In addition, open-ended items are included along with suggested demographic data the evaluator should consider collecting.

For the items included in the general system/equipment for all modalities, videoconferencing, store-and-forward, and home care categories, two response scales are included at the end of the document. An agree/disagree response scale can be used with all of the questions. However, some of the statements may be more meaningful when they are answered in comparison with in-person consultations or patient visits. For these items, the Worse/Better scale may be chosen. These items have an * following them.

General System/Equipment Questions (all modalities)

1. The system is easy to use.
2. The image quality is good.
3. The training I received adequately prepared me for using the system.
4. I am able to increase my productivity with telemedicine.
5. Telemedicine adds to my workload.
6. Telemedicine consultation is a good use of my time.
7. Telemedicine consultation is a good use of my skills.
8. I am able to respond to a consultation request in a timely manner.*
9. I am able to develop a diagnosis.*
10. I am able to identify a patient problem.*
11. I am able to develop a treatment plan.*
12. I am able to meet my patient's needs.*
13. I like telemedicine as a way to deliver care.*
14. Telemedicine helps me resolve my patients' health problems in a timely manner.*
15. Telemedicine helps me to monitor my patients' conditions.*
16. Telemedicine improves patients' compliance with therapy.*
17. I am able to develop patient care plans using telemedicine.*
18. I am able to implement patient care plans using telemedicine.*

Videoconferencing

1. Outside interruptions at my location interfere with the appointment (e.g., equipment is located in high traffic areas).
2. Outside interruptions at the patient's location interfere with the appointment.
3. Using the system limits the amount of information I can obtain from the patient/family members.
4. I feel comfortable using the system to talk with patients/family members.
5. Using the system limits my access to family members.
6. Equipment/system limitations (e.g., limited view; static; transmission delay) interfere with the patient-provider interaction.
7. The equipment interferes with my interaction with other staff who are present with the patient.
8. The technician operating the equipment at the other end interferes with the consultation process.
9. The technician/patient at the other end is skillful in operating the equipment.
10. The technician at this end is skillful in operating the equipment.
11. Use of telemedicine disrupts the flow of work in my clinic.
12. It is difficult to schedule a videoconference appointment.
13. I am able to keep the length of the visit to a reasonable time frame.*
14. I am able to establish rapport with the patient.*

Store-and-Forward (including Web-based systems, imaging and pathology systems)

1. Data are displayed in a meaningful format.

Home Care

1. The heart/lung sounds are easy to distinguish with the stethoscope.
2. The [name peripheral device] is easy to use.
3. I feel that the results from the [name peripheral device] are accurate.
4. Patients need frequent instruction from me on how to use the equipment during our visits.

Open Ended Questions (all modalities)

1. What telemedicine equipment are you using?
2. What do you like about the system?
3. What do you not like about the system?
4. What difficulties have you experienced?
5. What causes you the most problems?
 - (1) Peripherals?
 - (2) Connectivity?
 - (3) Image quality?
 - (4) Audio quality?
 - (5) Scheduling visits?
 - (6) Additional workload?
 - (7) Operation of the equipment?
 - By provider
 - By patient
6. How could the system be improved?
7. Did you receive training on the system? Yes No
If yes,
Did you receive the appropriate level of training? Yes No
Did you receive high quality training? Yes No
If no, do you feel a need to receive training? Yes No
8. Are there specific patients or diagnostic groups for which telemedicine is not appropriate?
9. Are there specific patients or diagnostic groups for which telemedicine is particularly useful?
10. Do you also need to see patients in-person if using telemedicine?
If yes,
When/why? (e.g., first encounter with patient, during acute episodes or exacerbations)
11. What were your expectations for telemedicine before using the current system? Were your expectations met?

Demographics

1. Age
2. Gender
3. Years experience as a clinician
4. Years in VA
5. How long have you been using telemedicine as a way to deliver care?
6. On average, how many patients per week do you see via telemedicine?
7. On average, how many hours per week do you spend on patient care activities via telemedicine?
8. Do you receive workload credit for telemedicine visits?
9. Provider type (circle only one)
 - a) Physician
 - b) Nurse practitioner
 - c) Registered nurse
 - d) Licensed practical nurse
 - e) Physical therapist
 - f) Occupational therapist
 - g) Social Worker
 - h) Dietitian
 - i) Pharmacist
 - j) Psychologist
 - k) Other _____
10. Type of specialty (circle only one)
 - a) Primary Care
 - b) Medical
 - c) Surgical
 - d) Psychiatry/Mental Health
 - e) Home care
 - f) Spinal cord injury
 - g) Other _____

Response Scales

Agree/Disagree. An agree/disagree response scale can be used with all of the questions. The instructions for using this scale are as follows:

Please circle the number that best reflects the extent to which you agree with the following statements about telemedicine as a way to deliver care: (1) Strongly Disagree, (2) Somewhat Disagree, (3) Neither Disagree nor Agree, (4) Somewhat Agree, (5) Strongly Agree, (6) Not Applicable.

***Worse/Better.** Some of the statements may be more meaningful when they are answered in comparison with in-person consultations, patient visits, or telephone consultations. These statements are noted with an asterisk (*). The instructions for using a worse/better scale are as follows:

Please respond to the following items indicating whether telemedicine is (1) Much Worse, (2) Somewhat Worse, (3) The Same, (4) Somewhat Better, or (5) Much Better than in-person consultations or patient visits.